

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28564

State File No. _____

Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carl Junction
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jasper County Farm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 mo's
In this community 2 years 5 (Specify whether years, months or days)

3. (a) PRINT FULL NAME HUGH W. HALE

3. (b) If veteran, name war unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive 13 years (Day) (Year)
7. Birth date of deceased 6 13 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 19 If less than one day hr. 1 min.

9. Birthplace Papillion Nebraska (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. A. Hale
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Margarette Rutter
15. Birthplace Albert Ferry Wash. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Reece Donham

(b) Address Carl Jct., Mo.

17. (a) BURIAL (b) Date thereof 9-5-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction Cem.

18. (a) Signature of funeral director RONEY FUNERAL SERVICE

(b) Address Carl Junction, Mo.

19. (a) Sept. 3, 1941 (b) E. J. McDaniel, M.D. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carl Junction (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day second year 1941 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1st 1941 to Sept 2 1941
that I last saw him alive on Aug 3, 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Arteriosclerosis

Due to Chronic hepatitis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/85
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) (e) Means of injury _____

23. Signature E. J. McDaniel (M. D. or other) MD
Address Carl Junction, Mo. Date signed 9/3/41

8625 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-9-797

3181- 412111

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed.....

C. W. Hedge

Licensed Embalmer No.....

2859

P.O. Address.....

Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.